

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Legacy Political Fund

ADDRESS (number and street) ▼

PO Box 65

☐ Check if different than previously reported. (ACC)

Alexandria

VA

22313

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00437376

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☒ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election
Report for the:☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election
Report for the:☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Steve Taylor

Signature of Treasurer

Steve Taylor

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Legacy Political Fund

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 01 / 01 / 2015

To:

 M M / D D / Y Y Y Y Y
 06 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2015		2406.37
(b) Cash on Hand at Beginning of Reporting Period.....	2406.37	
(c) Total Receipts (from Line 19)	1170.13	1170.13
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	3576.50	3576.50
7. Total Disbursements (from Line 31)	3050.61	3050.61
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	525.89	525.89
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	70503.08	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Legacy Political Fund

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 01 / 01 / 2015

To:

 M M / D D / Y Y Y Y Y
 06 / 30 / 2015
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

750.00

750.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

750.00

750.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

750.00

750.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

420.13

420.13

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ▶

1170.13

1170.13

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

1170.13

1170.13

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	2978.61	2978.61
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2978.61	2978.61
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	72.00	72.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3050.61	3050.61
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3050.61	3050.61

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	750.00	750.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	750.00	750.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	2978.61	2978.61
37. Offsets to Operating Expenditures (from Line 15, page 3).....	420.13	420.13
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	2558.48	2558.48

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 16

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Legacy Political Fund

Full Name (Last, First, Middle Initial)

A. Barbara Weiszhaar

Mailing Address 4001 Aladdin Drive

City

Plano

State

TX

Zip Code

75093

FEC ID number of contributing
federal political committee.

C

Name of Employer

HP

Occupation

Tax

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	1	5

Transaction ID : SA11AI.7386

Amount of Each Receipt this Period

750.00

Contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 16

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Legacy Political Fund

Full Name (Last, First, Middle Initial)

A. Intuit

Mailing Address 2632 Marine Way

City State Zip Code
 Mountain View CA 94043

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.13

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 06 / 2015

Transaction ID : SA15.7420

Amount of Each Receipt this Period

420.13

Vendor Refund

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

420.13

420.13

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Legacy Political Fund

A. Constant Contact

Category/
Type

74.62

State: District:

B. Intuit

Category/
Type

State: District:

458.33

C. Koch & Hoos, LLC

Category/
Type

State: District:

750.00

1282.95

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Legacy Political Fund

A. Readytalk

Category/
Type

156.41

State: District:

B. Readytalk

MM / DD / YYYY

Category/
Type

145.86

State: District:

C. Readytalk

Category/
Type

139.29

State: District:

441.56

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 12 OF 16

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Legacy Political Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Koch & Hoos, LLC

Nature of Debt (Purpose):

PAC Accounting/Compliance Services

Mailing Address 901 N Washington St, Ste 700

City State

Zip Code

Alexandria

VA

22314

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.7422

Amount Incurred This Period

750.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

750.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Steve Taylor

Nature of Debt (Purpose):

PAC Event Expense: Reception/Food &
Bev./AV Support

Mailing Address 515 Santa Paula Dr

City State

Zip Code

Salinas

CA

93901

Outstanding Balance Beginning This Period

3426.14

Transaction ID : SD10.6845

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3426.14

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Steve Taylor

Nature of Debt (Purpose):

PAC Event Expense: Reception/Food &
Bev./AV Support

Mailing Address 515 Santa Paula Dr

City

State

Zip Code

Salinas

CA

93901

Outstanding Balance Beginning This Period

5000.00

Transaction ID : SD10.6846

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

1) SUBTOTALS This Period This Page (optional)..... ►

9176.14

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 13 OF 16

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Legacy Political Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Steve Taylor

Nature of Debt (Purpose):

PAC Event Expense: Reception/Food &
Bev./AV Support

Mailing Address 515 Santa Paula Dr

City State

Zip Code

Salinas

CA

93901

Outstanding Balance Beginning This Period

5000.00

Transaction ID : SD10.6847

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Steve Taylor

Nature of Debt (Purpose):

Non-Contribution Acct: PAC Event Deposit

Mailing Address 515 Santa Paula Dr

City State

Zip Code

Salinas

CA

93901

Outstanding Balance Beginning This Period

11950.00

Transaction ID : SD10.6860

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11950.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Steve Taylor

Nature of Debt (Purpose):

PAC Event Expense: Reception/Food &
Bev./AV Support

Mailing Address 515 Santa Paula Dr

City

State

Zip Code

Salinas

CA

93901

Outstanding Balance Beginning This Period

10230.07

Transaction ID : SD10.6848

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10230.07

1) SUBTOTALS This Period This Page (optional)..... ►

27180.07

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 14 OF 16

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Legacy Political Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Steve Taylor

Nature of Debt (Purpose):

Reimbursement: Travel Expense

Mailing Address 515 Santa Paula Dr

City State

Zip Code

Salinas

CA

93901

Outstanding Balance Beginning This Period

2733.25

Transaction ID : SD10.6852

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2733.25

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Steve Taylor

Nature of Debt (Purpose):

Reimbursement: Travel Expense

Mailing Address 515 Santa Paula Dr

City State

Zip Code

Salinas

CA

93901

Outstanding Balance Beginning This Period

992.77

Transaction ID : SD10.6856

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

992.77

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Steve Taylor

Nature of Debt (Purpose):

Reimbursement: Travel Expense

Mailing Address 515 Santa Paula Dr

City

State

Zip Code

Salinas

CA

93901

Outstanding Balance Beginning This Period

635.31

Transaction ID : SD10.6858

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

635.31

1) SUBTOTALS This Period This Page (optional)..... ►

4361.33

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 15 OF 16

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Legacy Political Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Steve Taylor

Nature of Debt (Purpose):

Reimbursement: Travel Expense

Mailing Address 515 Santa Paula Dr

City State

Zip Code

Salinas

CA

93901

Outstanding Balance Beginning This Period

553.83

Transaction ID : SD10.6859

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

553.83

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Steve Taylor

Nature of Debt (Purpose):

Reimbursement: Travel Expense

Mailing Address 515 Santa Paula Dr

City State

Zip Code

Salinas

CA

93901

Outstanding Balance Beginning This Period

612.07

Transaction ID : SD10.6861

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

612.07

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Steve Taylor

Nature of Debt (Purpose):

PAC Event Expense: Reception/Food &
Bev./Travel

Mailing Address 515 Santa Paula Dr

City

State

Zip Code

Salinas

CA

93901

Outstanding Balance Beginning This Period

23736.55

Transaction ID : SD10.7213

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

23736.55

1) SUBTOTALS This Period This Page (optional)..... ►

24902.45

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 16 OF 16

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Legacy Political Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Steve Taylor

Nature of Debt (Purpose):

Reimbursement: Travel Expense

Mailing Address 515 Santa Paula Dr

City State

Zip Code

Salinas

CA

93901

Outstanding Balance Beginning This Period

1142.68

Transaction ID : SD10.7218

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1142.68

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Steve Taylor

Nature of Debt (Purpose):

Reimbursement: Travel Expense

Mailing Address 515 Santa Paula Dr

City State

Zip Code

Salinas

CA

93901

Outstanding Balance Beginning This Period

2060.90

Transaction ID : SD10.7219

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2060.90

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Steve Taylor

Nature of Debt (Purpose):

Reimbursement: Travel Expense

Mailing Address 515 Santa Paula Dr

City

State

Zip Code

Salinas

CA

93901

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.7378

Amount Incurred This Period

1679.51

Payment This Period

0.00

Outstanding Balance at Close of This Period

1679.51

1) SUBTOTALS This Period This Page (optional)..... ►

4883.09

2) TOTALS This Period (last page this line number only)..... ►

70503.08

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

70503.08